



State of Ohio Environmental Protection Agency

Ohio EPA Form 4237
Issued 08/04

Sanitary Sewer Overflow 5-Day Follow Up Report

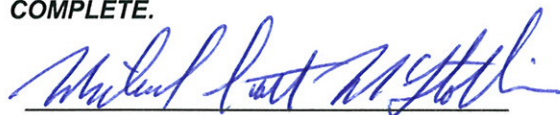
Report Submitted by:	
Date	12/27/15
Facility Name	Gary L. Kron Water Reclamation Facility
Ohio NPDES Permit No.	3PK00033*MD
Period Covered by Report	12/27/15 - 12/27/15
Contact Person Name	Michael McGlothlin
Contact Person Title	Superintendent
Mailing Address	8471 Lakeshore Blvd.
City, State, Zip	Mentor, OH 44060
County	Lake
Telephone No.	(440)- 350-3431 Ext. 3008
E-mail Address	mmcglathin@lakecountyohio.gov

Signature required at end of form

Overflow Information	
Event start date and time – if multiple locations, include information for each	12/27/2015 at 6am.
Event end date and time	12/27/2015 at 8am.
Location(s) the SSO – include unique ID number if one exists	Glyco II Lift Station
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	N/A
Estimated volume (million gallons) – if multiple locations, include volume for each	0.090 MGD
Sewer system component(s) from which release occurred	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input checked="" type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input type="checkbox"/> Extreme weather <input checked="" type="checkbox"/> Equipment failure <input type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)

Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones	Collection System personnel were dispatched to the area of concern upon notification of the problem. Once on the scene, they discovered equipment failure at the Glyco II Lift Station. They quickly called in maintenance workers to repair the failed equipment. Tanker trucks were dispatched to begin tanking from this lift station.
Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones	
Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones	The Glyco I lift station was shut down and the collection system was used as storage while the repair was performed at the Glyco II Lift Station. Multiple tanker trucks were called in to assist in the clean-up and to pump from the lift station to reduce the overflow.
Additional information (attach additional pages, maps, etc. as needed)	

I CERTIFY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.



Signature

12-27-15

Date

Superintendent

Title



State of Ohio Environmental Protection Agency

Ohio EPA Form 4237
Issued 08/04

Sanitary Sewer Overflow 5-Day Follow Up Report

Report Submitted by:

Date	12/27/15
Facility Name	Gary L. Kron Water Reclamation Facility
Ohio NPDES Permit No.	3PK00033*MD
Period Covered by Report	12/27/15 - 12/27/15
Contact Person Name	Michael McGlothlin
Contact Person Title	Superintendent
Mailing Address	8471 Lakeshore Blvd.
City, State, Zip	Mentor, OH 44060
County	Lake
Telephone No.	(440)- 350-3431 Ext. 3008
E-mail Address	mmcglathin@lakecountyohio.gov

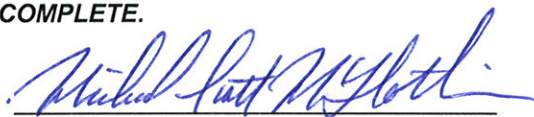
Signature required at end of form

Overflow Information

Event start date and time – if multiple locations, include information for each	12/27/2015 at 6am.
Event end date and time	12/27/2015 at 10am.
Location(s) the SSO – include unique ID number if one exists	503 Water Street Fairport Harbor, Ohio. Three manholes in this location.
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	Grand River
Estimated volume (million gallons) – if multiple locations, include volume for each	0.075 MGD
Sewer system component(s) from which release occurred	<input checked="" type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input type="checkbox"/> Extreme weather <input checked="" type="checkbox"/> Equipment failure <input type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)

Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones	Collection System personnel were dispatched to the area of concern upon notification of the problem. Once on the scene, they discovered equipment failure at the Glyco II Lift Station. They quickly called in maintenance workers to repair the failed equipment. Tanker trucks were dispatched to begin tanking from this lift station.
Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones	
Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones	The Glyco I lift station was shut down and the collection system was used as storage while the repair was performed at the Glyco II Lift Station. Multiple tanker trucks were called in to assist in the clean-up and to pump from the lift station to reduce the overflow from these manholes.
Additional information (attach additional pages, maps, etc. as needed)	

I CERTIFY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.



Signature

12-27-15

Date

Superintendent

Title